

Delbert Hosemann
SECRETARY OF STATECandidate
REPORT OF RECEIPTS AND DISBURSEMENTS
Special Election

Name of Committee TODD J. ECHELBERY
 Address 578 MEADOW DRIVE, DIBERVILLE, MS 38840
 Telephone 228 447-4261 Fax 228-447-4261
 Treasurer TOMMY ECHELBERY Email TOMMY.EL4@CABLEONE.NET

☐ Check here if above is different from previous report

TYPE OF REPORT

- ☒ January 4, 2011 Pre-Election Report (January 1, 2011, through January 1, 2011).....Mandatory
☐ January 25, 2011 Pre-Election Report (January 2, 2011 through January 22, 2011).....Runoff Candidates only
☐ January 31, 2011 Annual Report (January 1, 2011 through December 31, 2011).....Mandatory
☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
 (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
 (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 800.00 + \$ 100.00	\$ 900.00	\$ 900.00
Total amount of disbursements	\$ 714.28 + \$ 0	\$ 714.28	\$
Total amount of cash on hand		\$ 185.72	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Tommy Echelberry
Signature of Director or Treasurer

1-4-10
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 501-676-2819.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee TODD J. ECHELBERYPage 1 of 1Reporting period NOV. 5 2010 through JAN 3 2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan☐ Other (please specify)

Full name

TODD JEFFERY WEBER ECHELBERYDate
(Mo., Day, Year)11 / 5 / 10Amount of each
receipt
this period\$ 800.00

Mailing Address

578 MEADOW DRIVE

City, State, Zip Code

DIBERVILLE, MS 39540

Name of Employer (Required)

APCS

Occupation (Required)

ADMINISTRATION ASSISTANTAggregate
year-to-date\$ 800.00B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name

Mailing Address

City, State, Zip Code

Name of Employer (Required)

Occupation (Required)

Date
(Mo., Day, Year)Amount of each
receipt
this period / / / / / / / / / / / / / / Aggregate
year-to-date

\$

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name

Mailing Address

City, State, Zip Code

Name of Employer (Required)

Occupation (Required)

Date
(Mo., Day, Year)Amount of each
receipt
this period / / / / / / / / / / / / Aggregate
year-to-date

\$

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name

Mailing Address

City, State, Zip Code

Name of Employer (Required)

Occupation (Required)

Date
(Mo., Day, Year)Amount of each
receipt
this period / / / / / / / / / / / / Aggregate
year-to-date

\$

Name of Candidate or Committee Todd J. ELHELBERGReporting period NOV. 5 2010 through JAN 3 2011

ITEMIZED DISBURSEMENTS

A. Full name <u>BIG "D" SIGNS</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>684 ORCHARD DR</u>		<u>12/17/10</u>	\$ <u>278.20</u>
City, State, Zip Code <u>DIBERVILLE, MS 39540</u>		<u>1/1/11</u>	\$
Purpose of Disbursement (Optional) <u>SIGNS</u>		Aggregate Year-to-date	\$ <u>278.20</u>
B. Full name <u>OFFICE DEPOT</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>2414 PASS ROAD</u>		<u>11/20/10</u>	\$ <u>332.48</u>
City, State, Zip Code <u>BILOXI, MS 39531</u>		<u>1/1/11</u>	\$
Purpose of Disbursement (Optional) <u>PAPER / TONER PRODUCTS</u>		Aggregate Year-to-date	\$ <u>332.48</u>
C. Full name <u>USPS</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>356 GINGER DR</u>		<u>12/8/10</u>	\$ <u>15.60</u>
City, State, Zip Code <u>DIBERVILLE MS 39540</u>		<u>12/15/10</u>	\$ <u>88.00</u>
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>103.60</u>
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>1/1/11</u>	\$
City, State, Zip Code		<u>1/1/11</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>1/1/11</u>	\$
City, State, Zip Code		<u>1/1/11</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>1/1/11</u>	\$
City, State, Zip Code		<u>1/1/11</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$